

## APPENDIX C

### Psychometric Report

#### Reliability and Validity of Measures

Please return to:  
Resource Center for Excellence in Military Nursing  
TriService Nursing Research Program  
4301 Jones Bridge Road, Building A  
Bethesda, Maryland 20814-4799  
FAX: (301) 295-7052

**Directions:** Please complete the questions below addressing demographic characteristics of your sample and overall sample size. For the tool identified in the attached cover letter, please complete the following questions regarding any reliability and/or validity testing you performed. Please note that this list is not meant to be exhaustive. If you performed other reliability and/or validity testing which is not listed, please identify the test and report your findings under "other". If further space is needed, please attach pages as needed. Please submit a copy of the tool if you made any modifications.

#### Principal Investigator – Contact Information

Name:		Telephone		Work
Address:		Number:		Home
		E-mail:		
Title of Study				

#### Demographic Characteristics of Sample

Total sample size      Age Range:      

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	<19 yrs	19-60 yrs	>60 yrs	Other
Male				
Female				

Number	Service
	Army
	Air Force
	Navy
	Marine

Number	Race:
	<b>Caucasian</b>
	African-American
	Hispanic
	Asian/Pacific Islander
	Other (Describe)

Number	Service Component:
	Active Duty
	Retired
	Reserve
	National Guard
	Dependent

Briefly describe defining characteristics of sample:

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Instrument Reference			
Title:		N of Scales:	
Year:		Edition:	
Authors:			
Publisher:		Journal/Book Title:	
Year:		Volume:	Page Numbers:
<b>Tool Modifications</b>			
Did you modify this tool? <input type="checkbox"/> Yes (Answer A & B below) <input type="checkbox"/> No			
A. Briefly describe why modifications were made:			
B. Describe what modifications were made (attach page if additional space is needed):			
Directions: Please indicate any reliability and/or validity testing you have done on this tool by placing a check mark next to the procedure. To the right of the procedure, please report your findings. If individual scales were tested for reliability, please report findings of each scale.			
<b>Check all that apply</b>			
Reliability		Validity	
<input type="checkbox"/> Internal-Consistency Reliability		Content Validity	
<input type="checkbox"/> Cronbach Coefficient Alpha		<input type="checkbox"/> Index of Content Validity (CVI)	
<input type="checkbox"/> Kuder- Richardson (KR-20)		<input type="checkbox"/> Other (please describe on back of form)	
<input type="checkbox"/> Interrator Reliability		Criterion-Validity	
<input type="checkbox"/> Intrarater Reliability		<input type="checkbox"/> Predictive	
<input type="checkbox"/> Coefficient of Stability (test-retest)		<input type="checkbox"/> Linear Correlation	
<input type="checkbox"/> Coefficient of Equivalence		Name of Criterion Measure Used:	
<input type="checkbox"/> Other (please describe on back of form)		<input type="checkbox"/> Concurrent	
		<input type="checkbox"/> Linear Correlation	
		Name of Criterion Measure Used:	
Reliability of Individual Scales		Construct Validity (include a copy of findings)	
Scale Name	Reliability	<input type="checkbox"/> Multitrait-Multimethod	
		<input type="checkbox"/> Hypothesis testing	
		<input type="checkbox"/> Contrasted Group	
		<input type="checkbox"/> Factor Analysis	
		<input type="checkbox"/> Exploratory	
		<input type="checkbox"/> Confirmatory	
<i>Please use back of form for additional scales</i>		<input type="checkbox"/> Other (please describe on back of from)	
<b>Evaluation of Measure</b>			
Would you recommend the use of this measure in your population to other researchers? Use extra page, if needed.			
<input type="checkbox"/> Yes. Please explain why.			
<input type="checkbox"/> No Please explain why.			